

AMENDED IN ASSEMBLY APRIL 17, 2002

CALIFORNIA LEGISLATURE—2001–02 REGULAR SESSION

ASSEMBLY BILL

No. 2692

Introduced by Assembly Members Oropeza and Matthews
(Principal coauthor: Assembly Member Steinberg)
(Principal coauthor: Senator Ortiz)

February 22, 2002

An act to amend Section 1367.67 of the Health and Safety Code, to amend Section 10123.185 of the Insurance Code, and to add Section 14021.2 to the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 2692, as amended, Oropeza. Osteoporosis.

(1) Existing law provides for regulation of health care service plans by the Department of Managed Health Care and for regulation of ~~disability health~~ insurers by the Department of Insurance. Existing law requires certain health care service plans and ~~disability health~~ insurers to provide coverage for the diagnosis, treatment, and appropriate management of osteoporosis, including bone mass measurement technologies approved by the federal Food and Drug Administration that are deemed medically appropriate. A willful violation of provisions relating to health care service plans is a crime.

Existing law creates the Medi-Cal program to provide health care coverage to persons of limited incomes.

This bill would expand coverage under health care service plan contracts and ~~disability health~~ insurance policies for *a bone mass measurement, as defined, mineral density test* for persons defined as

qualified individuals, *if determined to be medically necessary by the individual's physician. The bill would prohibit a health care service plan that contracts directly with an individual provider or provider organization from delegating the risk adjusted treatment cost of providing services under these provisions except as otherwise provided.* By changing the definition of a crime relative to health care service plans, the bill would impose a state-mandated local program. The bill would make other related changes.

This bill would also require the Medi-Cal program to provide similar coverage.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. This act shall be known, and may be cited, as the
2 Osteoporosis Coverage and Protection Act.

3 SEC. 2. The Legislature finds and declares all of the
4 following:

5 (a) Osteoporosis is a public health threat to 28 million
6 Americans and each year results in 1.5 million fractures of the hip,
7 spine, wrist, and other bones, costing the nation nearly \$14 billion
8 annually.

9 (b) One of every two women and one of every eight men 50
10 years of age or older will suffer a fracture due to osteoporosis.

11 (c) As osteoporosis progresses silently, and currently has no
12 cure, prevention, early diagnosis, and treatment are the keys to
13 reducing the prevalence and devastation of this disease.

14 (d) Medical experts agree that osteoporosis is preventable and
15 treatable. However, once the disease progresses to the point of
16 fracture, its associated consequences may lead to disability and
17 institutionalization, and that in turn exacts a heavy toll on the
18 quality of life of the victims of osteoporosis.



(e) Given the current national focus on reducing unnecessary health care expenditures through the use of health promotion and disease prevention programs, it is cost effective to mandate coverage by health plans of services such as bone mass measurement *mineral density*, because bone mass measurement *mineral density* leads to early diagnosis, intervention, and prevention of fracture and associated problems.

SEC. 3. Section 1367.67 of the Health and Safety Code is amended to read:

1367.67. (a) Every health care service plan contract that provides hospital, medical, or surgical coverage, that is issued, amended, delivered, or renewed in this state shall be deemed to include coverage for services related to the diagnosis, treatment, and management of osteoporosis. The services may include, but need not be limited to, all Food and Drug Administration approved technologies, *including bone mineral density technologies as deemed medically appropriate*.

~~(b) With respect to a qualified individual, a plan contract that is issued, amended, delivered, or renewed in this state on or after January 1, 2003, shall be deemed to include coverage for bone mass measurement at least once every three years or whenever new risk factors arise, or more frequently if determined to be medically necessary by a qualified individual's physician.~~

~~(c) As used in this section, "bone mass measurement" means any of the following:~~

~~(1) A radiologic, radioisotopic, or other procedure, including, but not limited to, sonometry, that is approved by the Food and Drug Administration for the purpose of identifying bone mass, detecting bone loss, or interpreting bone quality.~~

~~(2) A physician's interpretation of bone mass measurement procedures.~~

~~(3) Biochemical markers approved by the Food and Drug Administration that are in addition to bone mass measurement procedures and that are used to monitor therapeutic intervention.~~

~~(4) Bone mass measurement technologies and other services related to the prevention, diagnosis, and treatment of osteoporosis that can be used effectively to reduce the pain and financial burden that osteoporosis inflicts upon its victims.~~

~~(b) A plan contract issued, amended, delivered, or renewed in this state on or after January 1, 2003, shall provide coverage for~~

1 a bone mineral density test if determined to be medically necessary
2 by a qualified individual's physician. The coverage for the bone
3 mineral density test provided pursuant to this section shall be
4 consistent with the guidelines developed by the National
5 Osteoporosis Foundation and the Foundation for Osteoporosis
6 Research and Education in collaboration with the American
7 College of Obstetricians and Gynecologists and other medical
8 specialty organizations.

9 (c) A health care service plan that contracts directly with an
10 individual provider or provider organization shall not delegate the
11 risk adjusted treatment cost of providing services under this
12 section unless the requirements of Section 1375.5 are met.

13 (d) As used in this section, "qualified individual" ~~means any~~
14 ~~of~~ shall include, but not be limited to, the following:

15 (1) A postmenopausal woman.

16 ~~(2) A woman who has experienced a premature menopause,~~
17 ~~including, but not limited to, a surgically induced menopause.~~

18 ~~(3) An individual 40 years of age or older who has experienced~~
19 ~~a fracture.~~

20 ~~(4) An individual with vertebral abnormalities.~~

21 ~~(5) An individual receiving long-term glucocorticoid (steroid)~~
22 ~~or hormone replacement therapy.~~

23 ~~(6) An individual with primary hyperparathyroidism.~~

24 ~~(7) An individual with hyperparathyroidism.~~

25 ~~(8) An individual with hypogonadism.~~

26 ~~(9) An individual who is being monitored to assess the response~~
27 ~~to or efficacy of approved osteoporosis drug therapies.~~

28 ~~(10) An individual who is considering therapy for~~
29 ~~osteoporosis.~~

30 ~~(11) An individual whose physician deems bone density testing~~
31 ~~medically appropriate.~~

32 ~~(2) An individual receiving long-term glucocorticoid (steroid)~~
33 ~~or hormone replacement therapy.~~

34 ~~(3) An individual who is being monitored to assess the response~~
35 ~~to or efficacy of approved osteoporosis drug therapies.~~

36 SEC. 4. Section 10123.185 of the Insurance Code is amended
37 to read:

38 10123.185. (a) Every policy of ~~disability insurance that~~
39 ~~covers hospital, medical, or surgical expenses and health~~
40 ~~insurance that~~ is issued, amended, delivered, or renewed in this

1 state and certificate of group ~~disability~~ *health* insurance issued,
2 amended, delivered, or renewed in this state pursuant to a master
3 group policy issued, amended, delivered, or renewed in another
4 state shall be deemed to include coverage for services related to the
5 diagnosis, treatment, and management of osteoporosis. The
6 services may include, but need not be limited to, all Food and Drug
7 Administration approved technologies, *including bone mineral*
8 *density technologies as deemed medically appropriate.*

9 ~~(b) With respect to a qualified individual, a policy that is issued,~~
10 ~~amended, delivered, or renewed on or after January 1, 2003, shall~~
11 ~~be deemed to include coverage for bone mass measurement at least~~
12 ~~once every three years or whenever new risk factors arise, or more~~
13 ~~frequently if determined to be medically necessary by a qualified~~
14 ~~individual's physician.~~

15 ~~(c) As used in this section, "bone mass measurement" means~~
16 ~~any of the following:~~

17 ~~(1) A radiologic, radioisotopic, or other procedure, including,~~
18 ~~but not limited to, sonometry, that is approved by the Food and~~
19 ~~Drug Administration for the purpose of identifying bone mass,~~
20 ~~detecting bone loss, or interpreting bone quality.~~

21 ~~(2) A physician's interpretation of bone mass measurement~~
22 ~~procedures.~~

23 ~~(3) Biochemical markers approved by the Food and Drug~~
24 ~~Administration that are in addition to bone mass measurement~~
25 ~~procedures and that are used to monitor therapeutic intervention.~~

26 ~~(4) Bone mass measurement technologies and other services~~
27 ~~related to the prevention, diagnosis, and treatment of osteoporosis~~
28 ~~that can be used effectively to reduce the pain and financial burden~~
29 ~~that osteoporosis inflicts upon its victims.~~

30 ~~(d)~~

31 *(b) A policy issued, amended, delivered, or renewed in this state*
32 *on or after January 1, 2003, shall provide coverage for a bone*
33 *mineral density test if determined to be medically necessary by a*
34 *qualified individual's physician. The coverage for the bone*
35 *mineral density test provided pursuant to this section shall be*
36 *consistent with the guidelines developed by the National*
37 *Osteoporosis Foundation and the Foundation for Osteoporosis*
38 *Research and Education in collaboration with the American*
39 *College of Obstetricians and Gynecologists and other medical*
40 *specialty organizations.*

(c) As used in this section, “qualified individual” ~~means any~~
~~of shall include, but not be limited to,~~ the following:

(1) A postmenopausal woman.

~~(2) A woman who has experienced a premature menopause,~~
~~including, but not limited to, a surgically induced menopause.~~

~~(3) An individual age 40 years of age or older who has~~
~~experienced a fracture.~~

~~(4) An individual with vertebral abnormalities.~~

~~(5) An individual receiving long-term glucocorticoid (steroid)~~
~~or hormone replacement therapy.~~

~~(6) An individual with primary hyperparathyroidism.~~

~~(7) An individual with hyperparathyroidism.~~

~~(8) An individual with hypogonadism.~~

~~(9) An individual who is being monitored to assess the response~~
~~to or efficacy of approved osteoporosis drug therapies.~~

~~(10) An individual who is considering therapy for~~
~~osteoporosis.~~

~~(11) An individual whose physician deems bone density testing~~
~~medically appropriate.~~

~~(2) An individual receiving long-term glucocorticoid (steroid)~~
~~or hormone replacement therapy.~~

~~(3) An individual who is being monitored to assess the response~~
~~to or efficacy of approved osteoporosis drug therapies.~~

(d) This section shall not apply to specified accident, specified
disease, hospital indemnity, Medicare supplement, or long-term
care health insurance policies.

SEC. 5. Section 14021.2 is added to the Welfare and
Institutions Code, to read:

14021.2. (a) Notwithstanding any other provision of this
chapter, health care shall be deemed to include coverage for
services related to the diagnosis, treatment, and management of
osteoporosis. These services may include, but need not be limited
to, all Food and Drug Administration approved technologies,
including bone mineral density technologies as deemed medically
appropriate.

~~(b) With respect to a qualified individual, coverage under this~~
~~chapter shall be deemed to include coverage for bone mass~~
~~measurement at least once every three years or whenever new risk~~
~~factors arise, or more frequently if determined to be medically~~
~~necessary by a qualified individual’s physician.~~

1 ~~(c) As used in this section, “bone mass measurement” means~~
2 ~~any of the following:~~

3 ~~(1) A radiologic, radioisotopic, or other procedure, including,~~
4 ~~but not limited to, sonometry, that is approved by the Food and~~
5 ~~Drug Administration for the purpose of identifying bone mass,~~
6 ~~detecting bone loss, or interpreting bone quality.~~

7 ~~(2) A physician’s interpretation of bone mass measurement~~
8 ~~procedures.~~

9 ~~(3) Biochemical markers approved by the Food and Drug~~
10 ~~Administration that are in addition to bone mass measurement~~
11 ~~procedures and that are used to monitor therapeutic intervention.~~

12 ~~(4) Bone mass measurement technologies and other services~~
13 ~~related to the prevention, diagnosis, and treatment of osteoporosis~~
14 ~~that can be used effectively to reduce the pain and financial burden~~
15 ~~that osteoporosis inflicts upon its victims.~~

16 ~~(d)~~

17 *(b) Coverage under this chapter on or after January 1, 2003,*
18 *shall include coverage for a bone mineral density test if*
19 *determined to be medically necessary by a qualified individual’s*
20 *physician. The coverage for the bone mineral density test provided*
21 *pursuant to this section shall be consistent with the guidelines*
22 *developed by the National Osteoporosis Foundation and the*
23 *Foundation for Osteoporosis Research and Education in*
24 *collaboration with the American College of Obstetricians and*
25 *Gynecologists and other medical specialty organizations.*

26 ~~(c) As used in this section, “qualified individual” means any~~
27 ~~of shall include, but not be limited to, the following:~~

28 ~~(1) A postmenopausal woman.~~

29 ~~(2) A woman who has experienced a premature menopause,~~
30 ~~including, but not limited to, a surgically induced menopause.~~

31 ~~(3) An individual age 40 years of age or older who has~~
32 ~~experienced a fracture.~~

33 ~~(4) An individual with vertebral abnormalities.~~

34 ~~(5) An individual receiving long-term glucocorticoid (steroid)~~
35 ~~or hormone replacement therapy.~~

36 ~~(6) An individual with primary hyperparathyroidism.~~

37 ~~(7) An individual with hyperparathyroidism.~~

38 ~~(8) An individual with hypogonadism.~~

39 ~~(9) An individual who is being monitored to assess the response~~
40 ~~to or efficacy of approved osteoporosis drug therapies.~~

1 ~~(10) An individual who is considering therapy for~~
2 ~~osteoporosis.~~

3 ~~(11) An individual whose physician deems bone density testing~~
4 ~~medically appropriate.~~

5 (2) *An individual receiving long-term glucocorticoid (steroid)*
6 *or hormone replacement therapy.*

7 (3) *An individual who is being monitored to assess the response*
8 *to or efficacy of approved osteoporosis drug therapies.*

9 SEC. 6. No reimbursement is required by this act pursuant to
10 Section 6 of Article XIII B of the California Constitution because
11 the only costs that may be incurred by a local agency or school
12 district will be incurred because this act creates a new crime or
13 infraction, eliminates a crime or infraction, or changes the penalty
14 for a crime or infraction, within the meaning of Section 17556 of
15 the Government Code, or changes the definition of a crime within
16 the meaning of Section 6 of Article XIII B of the California
17 Constitution.

